Your
Guide to

Managed Care in Massachusetts

December 2003

Mitt Romney
Governor

Ronald Preston
Secretary of Health and Human Services

Commonwealth of Massachusetts

Introduction

Consumers and other individuals who receive health coverage regulated by the Commonwealth of Massachusetts have special rights with respect to their health care. Chapter 141 of the Acts of 2000, which became law on July 20 of 2000, extends certain protections around internal grievances, medical necessity guidelines, continuity of care, and independent external reviews. In addition, this law:

- established the Office of Patient Protection (OPP) within the Department of Public Health and the Bureau of Managed Care within the Division of Insurance;

- contains specific reporting requirements that carriers must meet on an annual basis (Carriers must submit data to the OPP and the Bureau of Managed Care on patient satisfaction, percentage of premium revenue expended on health care, rates of physician disenrollment, and numbers of internal and external grievances.);

- requires that managed care organizations be accredited by the Bureau of Managed Care; and

- established the Managed Care Oversight Board and its Advisory Committee.

Managed Care

"Managed care" is a term often used to describe the delivery of health care through networks of doctors, hospitals and other health care providers. Your Guide to Managed Care in Massachusetts is designed to give you basic facts about managed care and where to go for additional information. The guide provides information about health plans to help you comparison shop and consider what to do if you have a problem with a managed care plan.

This guide does not address all issues that Massachusetts residents may have relating to purchasing and financing their health care. Contact information about Medicare and other programs are listed at the end of this booklet.

Types of Health Plans

It is important to recognize that different plans cover different services and have different views of what is medically necessary. You should read your policy, certificate or summary plan description before using your benefits. Be aware of any coverage exclusions your health plan has for specific diseases, types of providers, prescription medicines, palliative and experimental care, durable medical equipment (such as crutches), lifetime maximum benefits and the like. For example, if you have had any periods of time without coverage, a plan may not cover the cost of treatment for a disease which began before you enrolled in the plan, or which re-occurs within a certain period of time after your enrollment.

In general there are three types of health plans that "manage care" to various degrees:

- traditional indemnity or fee-for-service plans,
- health maintenance organizations (HMOs),
- preferred provider organizations (PPOs), and
- point of service (POS) plans.

Traditional Indemnity Plans

Traditionally, health care has been provided by independent doctors and hospitals—you could go to nearly any health care provider you chose and your insurance company reimbursed you or your provider for part or all of the cost. This structure is referred to as a traditional indemnity plan. Enrollment in this type of plan in its pure form decreased because rising costs were attributed to the indemnity plan model. One of the ways that indemnity plans have tried to contain costs has been to include some managed care elements. While you usually do not need pre-approval or a referral from a primary care physician to see a specialist, you may need pre-approval, (sometimes including obtaining a "second opinion"), for hospitalization, certain surgical procedures, or specific types of treatment.

Generally, indemnity plans pay claims for illness and accident, not for prevention. Most traditional indemnity plans make payments based on a percentage of "usual, customary and reasonable" (UC&R) charges as determined solely by the insurer. Most claims are subject to a "deductible" (fixed dollar amounts that you must pay before any benefits are paid) and/or "coinsurance" (fixed percentages of the covered claim that you must pay). There are often "stop loss" or "out-of-pocket maximums." These limit the total amount of money that a person must pay in a certain period for deductibles and/or copayments.

With traditional indemnity plans, you must sometimes prepare and submit claims yourself after you have made payment, asking to be reimbursed (indemnified) by the insurer, unless the provider "accepts assignment" and files on your behalf. Either way, the determination that a claim is covered and the amount that will be paid is most often made after the service has been delivered.

Some indemnity products may also make it more cost efficient for patients to use providers they believe offer a better service or provide the insured with a better rate.

Types of Health Plans

HMOs (Closed Network Plans)

An HMO-type plan provides or arranges for an array of health services through a defined network of providers. In an HMO, a member typically chooses a primary care physician (PCP) who provides or arranges for most of the member's care.

An HMO may provide health care through its own salaried staff (staff model), through doctor groups with which the HMO contracts (group model) or through networks of independent providers (network or Independent Practice Association) models. The providers in each model agree to maintain certain quality and cost standards as a condition of participating in the HMO.

An HMO manages a patient's care and approves those services that the HMO finds to be medically necessary and appropriate for the patient's condition. Members usually pay a set fee, called a copayment or copay, for each doctor visit or prescription. Also, in an HMO there is generally little, if any, claims paperwork for the member to complete.

While members are not prohibited from seeing a doctor who is not in the plan, the cost of the service will not be paid for by the HMO unless the plan approves the use of the non-plan provider in advance, or if the member needs emergency care. There may be additional rules, such as requiring members to have referrals from their primary care physician in order for a specialist's care to be provided and paid for by the plan.

Medicare HMOs resemble HMO plans available to the commercial population described above. Beneficiaries may enroll if they live in plan service areas. Medicare HMOs may provide coverage for services not included in the Medicare fee-for-service program, such as prescription drugs, health screenings, dental and vision services, etc. Med-Wrap products provide supplemental coverage for the costs of HMO services that are not covered by Medicare.

PPO and POS Plans

Many people are covered by PPO and POS plans. These are sometimes referred to as "hybrid plans" as they provide the member with a combination of an HMO and an indemnity plan. The key characteristic of these managed care plans is that they pay benefits for covered services provided by virtually all providers, but provide an economic incentive to the patient to use in-network providers. For example, a plan may require a patient to pay 80% of the cost of a physician's office visit if the physician is not in the plan's network, but only require the patient to pay $10 for the service if the physician is "in-network". Some of these plans require the use of primary care physicians similar to their use by HMOs, including the requirement of referrals to see specialists. However, others do not use primary care physicians to oversee treatment, and thus do not necessarily require referrals before their members see specialists.

In both PPO and POS plans, there is a benefit to using "network" or "participating" providers over others. However, not all states use exactly the same definitions for these two hybrid systems, so if your employer's plan is not provided through a Massachusetts insurance contract, you should not be surprised if the terms are not used exactly as we have used them here.

Types of Health Plans

Self-Insured or ERISA Plans

In a self-funded plan, the plan sponsor (usually an employer or union) takes responsibility for paying all of the claims incurred by the employees or union members. These plans are sometimes referred to as "ERISA" plans.

Rather than paying premiums to an insurance carrier or an HMO, the plan sponsor hires a third party administrator (TPA) to process claims, establish a provider network, and provide customer service. Sometimes, the TPA is part of an insurer's or an HMO's organization, and the ID card issued to the employee/member carries its name. This is why members of these plans may be unaware that their plan is self-insured.

An organization that sponsors an ERISA self-funded plan must give participants and beneficiaries a Summary Plan Description (SPD) that clearly describes their rights, benefits and responsibilities. The SPD also must list the named fiduciaries. The fiduciaries are the people who have control over the assets of a plan, including its operations, which include claims payments.

Your plan may have several named fiduciaries. For example, one fiduciary may be responsible for paying claims and another reviewing appeals of claims denials. If you file an appeal, you have a specified amount of time to do so and the plan must respond within specific time frames, which are defined by the Department of Labor (DOL). You would also want to know who the fiduciary is in the event that you leave your job and have concerns about continued coverage. Most beneficiaries are entitled to continue coverage if employment is terminated. Plans are required to offer beneficiaries, at their own expense, the right to maintain comparable health care coverage at a comparable cost.

Fraudulent Plans

Not all health insurance plans that are sold are legal. Some may be legal in other states, but are not licensed in Massachusetts. For example, virtually all "association plans" are illegal in Massachusetts. If you are self-employed, or are a small employer seeking to provide medical benefits, you should check with the Division of Insurance at 617-521-7777, or visit the DOI web site at www.mass.gov/doi to make sure that the plan you are being offered can legally be sold in Massachusetts. Illegal plans do not have the protections of guaranty funds, and may leave you and your employees with unpaid bills. Sadly, there continue to be national fraudulent schemes. Such plans often require joining a (non-existent) union or a "merchants" or "professional association" which cannot offer health insurance or benefits under state or federal laws.

Things to Consider when Selecting a Plan

You want your health plan to make it possible for you to get access to high-quality care. Whether you're choosing a health plan for the first time or evaluating the one you're in, you want to feel comfortable that your plan is a good one.

Of course, quality means different things to different people. Measuring the quality of health plans is a relatively new and complex task, but there are ways for you to learn about the quality of the health plan you're considering.

Accreditation

One way to consider the quality of a managed care organization and the products it offers is to find out whether or not it is accredited and by whom. The value of "Accreditation" varies, of course, by the criteria needed to attain the accreditation and the reliability of the system used. In the pages that follow, information is provided for each health plan licensed in Massachusetts, including its accreditation status.

Effective January 1, 2001, the newly established Bureau of Managed Care within the Division of Insurance was authorized to accredit managed care plans and to ensure that they are in compliance with the requirements of the new Massachusetts law. The Bureau is responsible for establishing minimum standards for the plans and for investigating complaints against a carrier for noncompliance with the accreditation requirements. Under the new law, health insurance carriers must be accredited by the Bureau of Managed Care in order to be licensed to do business in Massachusetts. Generally, the Bureau focuses on the management of the care. Managed care organizations are required to let the Bureau know what systems are in place to manage care, to detect problems, and to correct them. If a managed care organization is subject to Massachusetts law, it cannot operate without the Bureau's accreditation.

Not all managed care organizations are subject to Massachusetts law. For example, self funded plans, Medicare and Medicaid Plans, the Group Insurance Commission self-funded plans, and the Federal Employees Plan are exempt from state insurance laws.

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NCQA

The National Committee on Quality Assurance (NCQA) is a well recognized accrediting body for HMOs and more recently PPOs. The American Accreditation Healthcare Commission/URAC (Utilization Review Accreditation Commission) is another national organization that accredits managed care organizations.

NCQA has different criteria and ratings for HMOs, PPOs and POS plans. Their web site describes the criteria they currently use. Since not all plans are reviewed annually, the rating may be on criteria that have changed recently. You may contact NCQA directly at either 888-275-7585 or at www.ncqa.org.

Things to Consider when Selecting a Plan

URAC

The American Accreditation Healthcare Commission/URAC accredits not only health care organizations but also parts of health care organizations. For example, an HMO may hire several utilization management companies, each of which oversees the utilization of different physicians within the HMO. Therefore, some physicians may be overseen by a URAC accredited utilization management company while other physicians within the same HMO are not. For further information on companies accredited by URAC and its accreditation, ask the health plan in question or visit the URAC web site: www.urac.org.

Tools to Evaluate and Compare Health Plans

HEDIS

Another measure widely used to assess the quality of a health plan is its "HEDIS data." HEDIS stands for Health Plan Employer Data and Information Set and was developed to enable employers and consumers to compare health plans to each other on things like immunization rates, mammography rates, how many people drop out or "disenroll" from the plan and how satisfied its members are—to name just a few. There are dozens of HEDIS performance measures and none of them alone should be used to judge the quality of a health plan, but taken together they can give you a good picture of the health plan you're evaluating. Please visit NCQA's web site for more detailed information (www.ncqa.org).

CAHPS

The National CAHPS Benchmarking Database (NCBD) collects data from public and private insurance plans on consumer assessment of health care quality. The database allows comparisons to be made between health plans and national NCBD benchmarks. Similar to HEDIS measures, more than one benchmark should be examined for the most accurate assessment of health care quality. Please visit the CAHPS web site for additional information (www.ncbd.cahps.org).

Each plan's most recent HEDIS and CAHPS scores are listed in this guide beginning on page 18.

Additional Resources

Another way to assess the quality of a health plan is to look at the quality of the doctors and hospitals with which it contracts. To find out about a specific doctor in Massachusetts, contact the Massachusetts Board of Registration in Medicine. The Board of Registration offers a comprehensive look at over 27,000 physicians licensed to practice medicine in Massachusetts. Call 800-377-0550 or visit their web site at www.massmedboard.org.

To find out about a particular Massachusetts hospital, you can contact several information sources. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the national accrediting body for hospitals. They can be reached by phone at 630-792-5000 or by visiting their web site at www.jcaho.org. You may also contact the Massachusetts Department of Public Health, the licensing authority for hospitals in this state, at 617-624-6000 or visit their

web site at www.mass.gov/dph. In addition, the web site of the Division of Health Care Finance and Policy has information about pregnancy and childbirth services at Massachusetts hospitals. (www.mass.gov/dhcfp)

Another resource is the Massachusetts Health Quality Partners (MHQP). MHQP is a coalition of health care providers, plans and purchasers working together to improve health care quality in Massachusetts. Visit their web site at www.mhqp.org or by telephone at 617-972-9079.

Massachusetts HMO Profiles

Aetna Health, Inc.
400-1 Totten Pond Road
Waltham, MA 02154
www.aetna.com

Customer Service Number:	800-323-9930
TTY:	800-628-3323
Year licensed in Massachusetts:	1987
Number of members in Massachusetts:	19,285
Service area in Massachusetts:	All counties except Dukes and Nantucket

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	***	Very Good
Getting Better:	****	Best
Living with Illness:	****	Best

CIGNA HealthCare of Massachusetts, Inc.
100 Front Street
Worcester, MA 01608
www.cigna.com

Customer Service Number:	800-345-9458
TTY:	800-987-8816
Year licensed in Massachusetts:	1985
Number of members in Massachusetts:	49,872
Service area in Massachusetts:	All counties except Dukes and Nantucket

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	***	Very Good
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

Massachusetts HMO Profiles

ConnectiCare of Massachusetts, Inc.
30 Batterson Park Road
Farmington, CT 06032
www.connecticare.com

Customer Service Number:	800-251-7722
TTY:	800-833-8134
Year licensed in Massachusetts:	1994
Number of members in Massachusetts:	8,149
Service area in Massachusetts:	Franklin, Hampden and Hampshire counties

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

Fallon Community Health Plan, Inc.
10 Chestnut Street
Worcester, MA 01608-2810
www.fchp.org

Customer Service Number:	800-868-5200
TTY:	877-608-7677
Year licensed in Massachusetts:	1977
Number of members in Massachusetts:	177,563
Service area in Massachusetts:	All counties except Barnstable, Berkshire, Dukes and Nantucket, and parts of Bristol, Franklin, Hampden, Hampshire and Plymouth

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

Massachusetts HMO Profiles

Harvard Pilgrim Health Care, Inc.
93 Worcester Street
Wellesley, MA 02481
www.harvardpilgrim.org

Customer Service Number:	888-333-4742
TTY:	800-637-8257
Year licensed in Massachusetts:	1977
Number of members in Massachusetts:	518,348
Service area in Massachusetts:	All counties except Nantucket

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

Health New England, Inc.
1 Monarch Place
Springfield, MA 01144
www.healthnewengland.com

Customer Service Number:	800-310-2835
TTY:	800-439-2370
Year licensed in Massachusetts:	1985
Number of members in Massachusetts:	61,829
Service area in Massachusetts:	Berkshire, Franklin, Hampden and Hampshire counties, and part of Worcester county

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	***	Very Good
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

Massachusetts HMO Profiles

HMO Blue (Blue Cross Blue Shield of Massachusetts, Inc.)
401 Park Drive Landmark Center
Boston, MA 02215
www.bcbsma.com

Customer Service Number:	800-253-5210
TTY:	800-522-1254
Year licensed in Massachusetts:	1991
Number of members in Massachusetts:	766,750
Service area in Massachusetts:	All counties except Dukes

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	***	Very Good
Living with Illness:	****	Best

Neighborhood Health Plan, Inc.
253 Summer Street
Boston, MA 02210
www.nhp.org

Customer Service Number:	800-462-5449
TTY:	800-655-1761
Year licensed in Massachusetts:	1987
Number of members in Massachusetts:	119,229
Service area in Massachusetts:	Berkshire, Essex, Hampden, Middlesex, Norfolk, Suffolk and Worcester counties and parts of Bristol and Plymouth counties

Massachusetts HMO Profiles

Tufts Associated Health Maintenance Organization, Inc. (d/b/a Tufts Health Plan)
333 Wyman Street
Waltham, MA 02254
www.tuftshealthplan.com

Customer Service Number:	800-462-0224
TTY:	800-815-8580
Year licensed in Massachusetts:	1981
Number of members in Massachusetts:	558,223
Service area in Massachusetts:	All counties except Dukes and Nantucket

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

United Healthcare of New England, Inc.
475 Kilvert Street
Warwick, RI 02886-1392
www.unitedhealthcare.com

Customer Service Number:	800-422-1404
TTY:	800-662-1220
Year licensed in Massachusetts:	1984
Number of members in Massachusetts:	28,093
Service area in Massachusetts:	All counties except Berkshire, Dukes, Franklin, Hampden, Hampshire, and Nantucket

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	***	Very Good
Getting Better:	****	Best
Living with Illness:	****	Best

Sources: The above information was compiled from the health plans, HMO information listed with the Massachusetts Division of Insurance for 2003, and accreditation information published on the NCQA web site: www.ncqa.org.

Medicare HMO and Med-Wrap Profiles

CIGNA HealthCare of Massachusetts, Inc. (Med-Wrap Only)
100 Front Street
Worcester, MA 01608
www.cigna.com

Customer Service Number:	800-291-2466
TTY:	800-987-8816
Number of members in Massachusetts:	1,854
Service area in Massachusetts:	All counties except Dukes, and Nantucket

Fallon Community Health Plan, Inc., Fallon Senior Plan (HMO Only)
10 Chestnut Street
Worcester, MA 01608-2810
www.fchp.org

Customer Service Number:	800-868-5200
TTY:	877-608-7677
Number of members in Massachusetts:	33,413
Service area in Massachusetts:	Worcester county and parts of Franklin, Hampden, Hampshire, Middlesex, Norfolk

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

Medicare HMO and Med-Wrap Profiles

Harvard Pilgrim Health Care, Inc., First Seniority (HMO Only)
93 Worcester Street
Wellesley, MA 02481
www.harvardpilgrim.org

Customer Service Number:	800-421-3550
TTY:	888-259-8276
Number of members in Massachusetts:	35,444
Service area in Massachusetts:	Essex, Middlesex, Norfolk and Suffolk counties

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

HMO Blue (Blue Cross Blue Shield of Massachusetts, Inc.), Blue Care 65 (Med-Wrap & HMO)
401 Park Drive Landmark Center
Boston, MA 02215
www.bcbsma.com

Customer Service Number:	800-678-2265
TTY:	800-522-1254
Number of members in Massachusetts:	35,094
Service area in Massachusetts:	Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester, and parts of Hampshire
Med-Wrap service area in Massachusetts:	All counties except Dukes

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	***	Very Good
Living with Illness:	****	Best

Medicare HMO and Med-Wrap Profiles

Tufts Associated Health Maintenance Organization, Inc. (d/b/a Tufts Health Plan), Secure Horizons (Med-Wrap and HMO)
333 Wyman Street
Waltham, MA 02254
www.tuftshealthplan.com

Customer Service Number:	800-701-9000
TTY:	800-208-9562
Number of members in Massachusetts:	62,045
Service area in Massachusetts:	Hampden, Norfolk and Worcester counties, and parts of Barnstable, Bristol, Essex, Middlesex, Plymouth, and Suffolk counties.
Med-Wrap service area in Massachusetts:	All counties except Dukes and Nantucket

NCQA Accreditation Review Results

NCQA Accreditation Outcome:	EXCELLENT

NCQA Accreditation Report Card Categories

Access and Service:	****	Best
Qualified Providers:	****	Best
Staying Healthy:	****	Best
Getting Better:	****	Best
Living with Illness:	****	Best

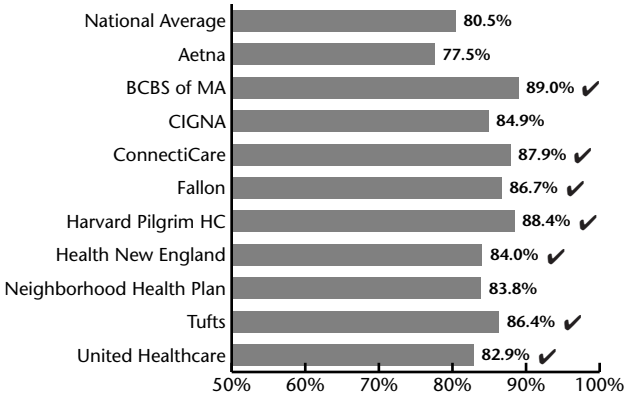
Sources: The above information was compiled from the health plans, HMO information listed with the Massachusetts Division of Insurance for 2003, and accreditation information published on the NCQA web site: www.ncqa.org.

DOI Accredited Health Plans

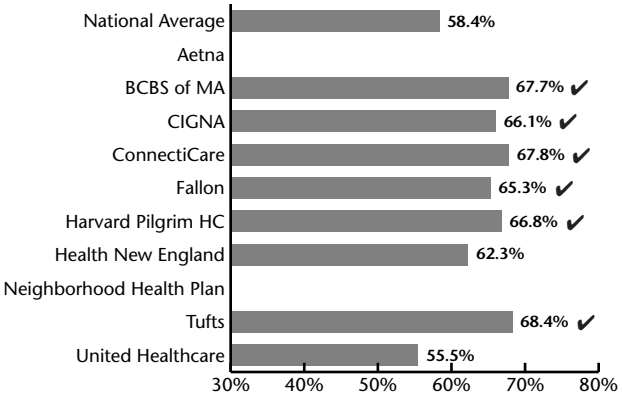
For a list of health plans accredited by the Massachusetts Division of Insurance (DOI), please visit their web site at www.mass.gov/doi, or call them at 617-521-7777.

Summary of Selected HEDIS Quality Measures

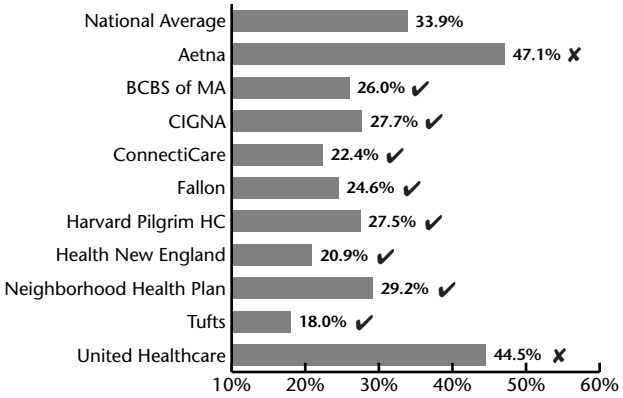
Cervical Cancer Screening



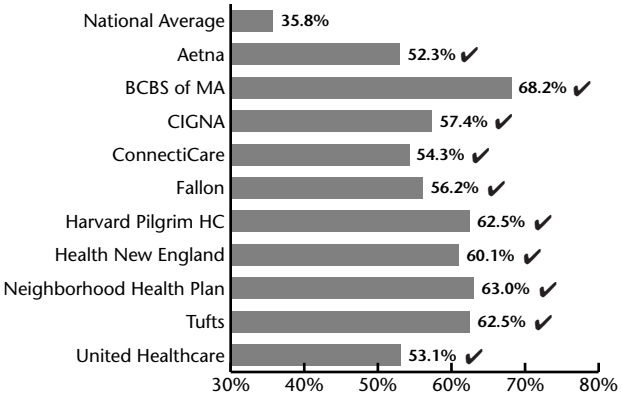
Controlling High Blood Pressure



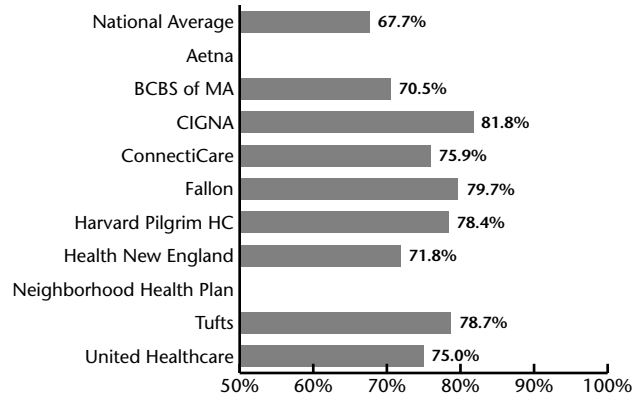
Diabetes Management—Hemoglobin A1C Measured in Past Year (glycosylated hemoglobin >9.5%)**



Adolescent Well-Care Visits



Doctors Advising Smokers to Quit in Past Year***



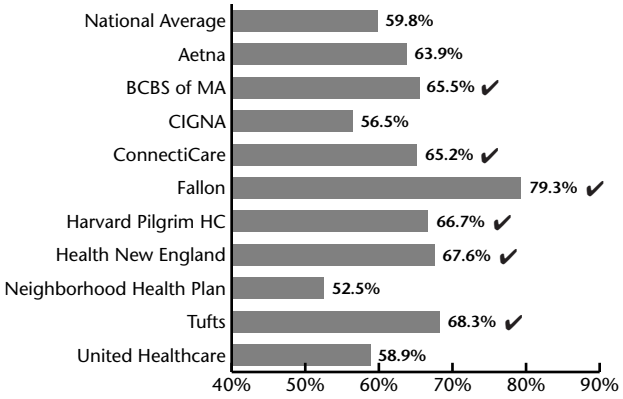
✔ = better than the national average
✘ = worse than the national average

no mark = not significantly better or worse than the national average

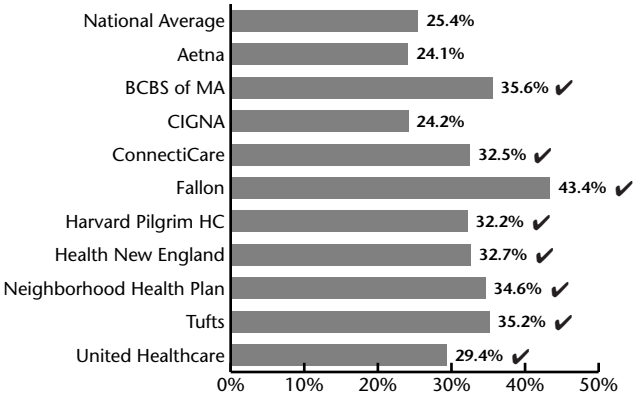
* Performance relative to the national average was determined by comparing the 95% confidence interval for each plan's score to the national average.
If the confidence interval for the plan score included the national average, plan performance was considered equal to the average.
If the low end of confidence interval for the plan score exceeded the national average, plan performance was considered better than the national average.
If the high end of the confidence interval for the plan score fell below the national average, plan performance was considered worse than the national average.
** Lower score for this measure indicates better performance
*** Confidence intervals not available for this data.

Summary of Selected HEDIS Quality Measures

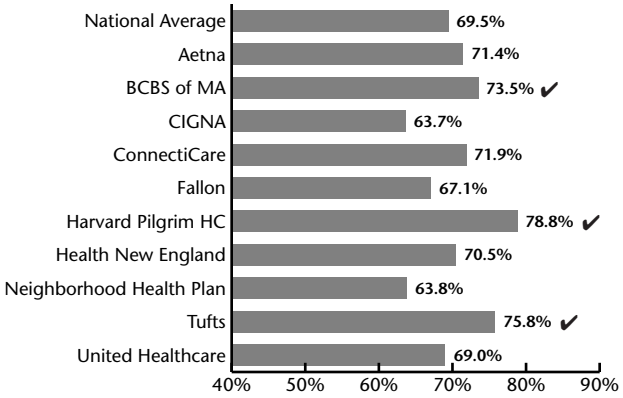
Antidepressant Medication Management



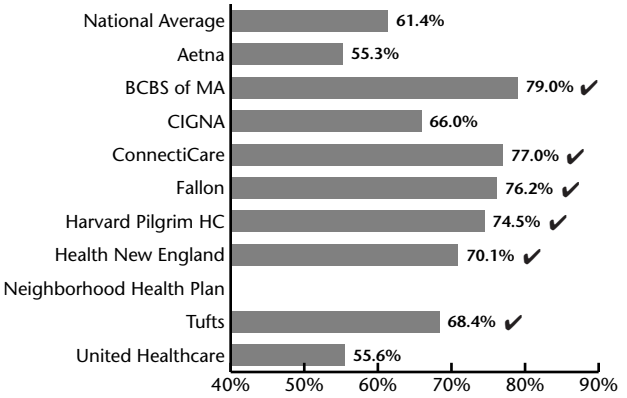
Chlamydia Screening in Women



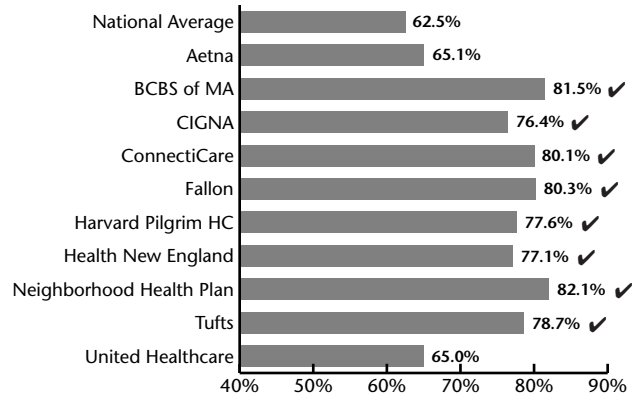
Use of Appropriate Medications for Children With Asthma (ages 5-9)



Cholestrol Management After Acute Cardiovascular Events



Childhood Immunizations (percent of children who receive recommended immunizations by age 2)



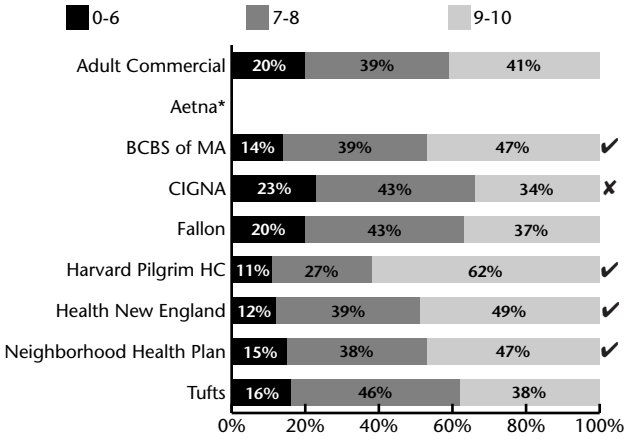
✔ = better than the national average
✘ = worse than the national average

no mark = not significantly better or worse than the national average

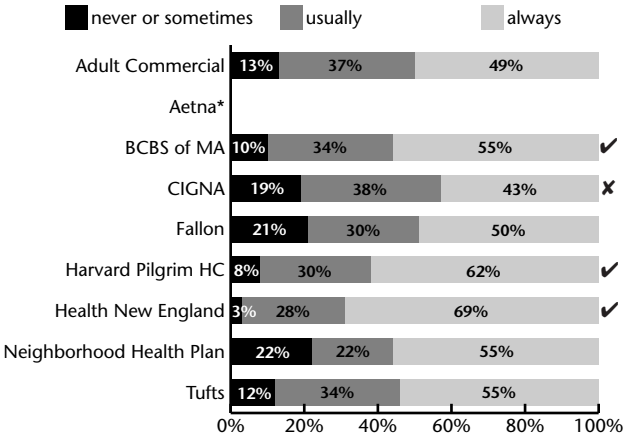
* Performance relative to the national average was determined by comparing the 95% confidence interval for each plan's score to the national average.
If the confidence interval for the plan score included the national average, plan performance was considered equal to the average.
If the low end of confidence interval for the plan score exceeded the national average, plan performance was considered better than the national average.
If the high end of the confidence interval for the plan score fell below the national average, plan performance was considered worse than the national average.

Summary of Selected CAHPS Quality Measures

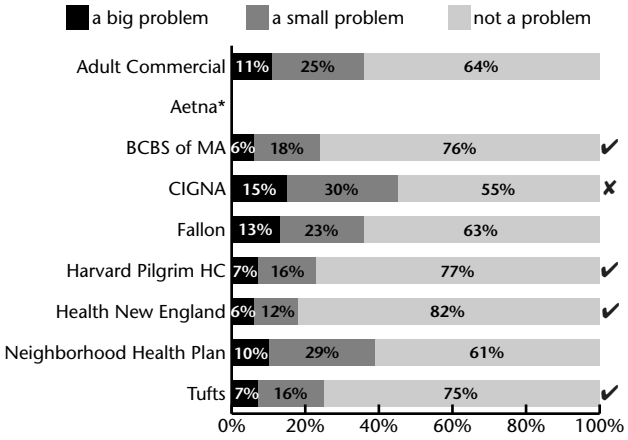
Overall Rating of Health Plan (0 is the worst, 10 is the best)



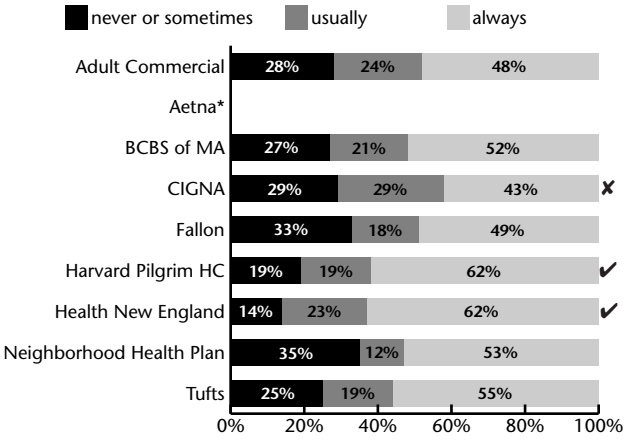
"In the last 12 months how often did your health plan handle your claims in a reasonable time?"



"In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?"



"In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?"



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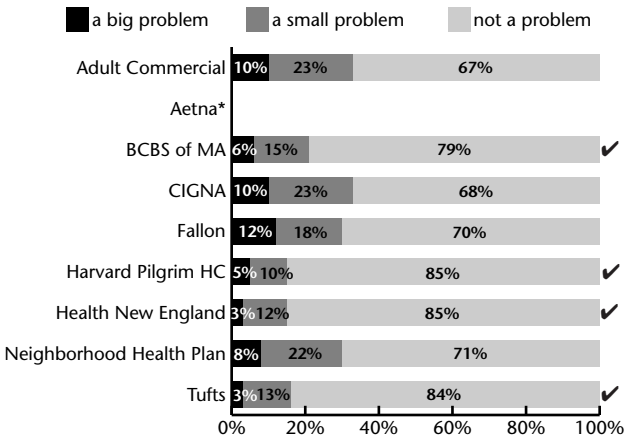
* Aetna Health Plan did not submit data to DHCFP as required by Massachusetts regulation 114.5 CMR 11

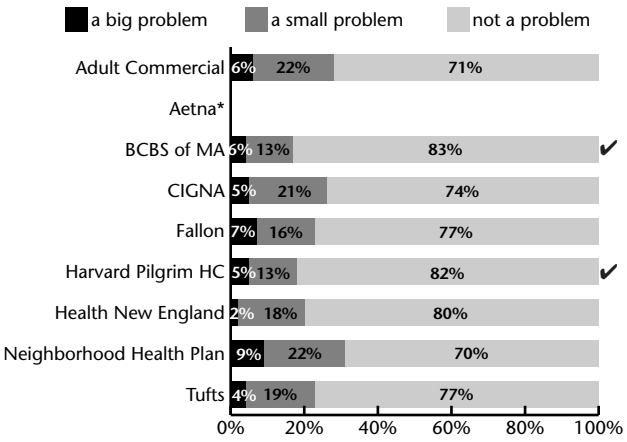
Note: some distributions may not total 100% due to rounding.

Summary of Selected CAHPS Quality Measures

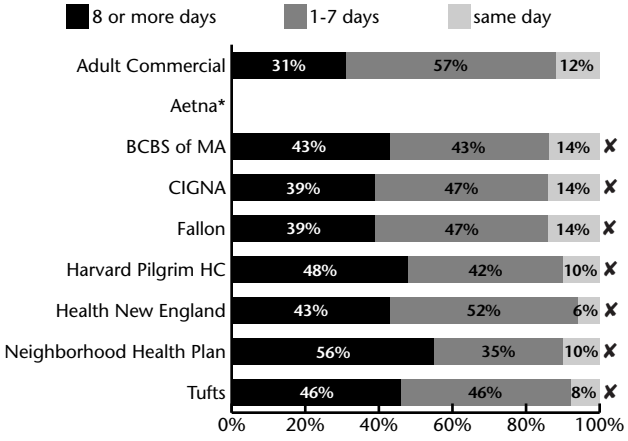
"In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?"



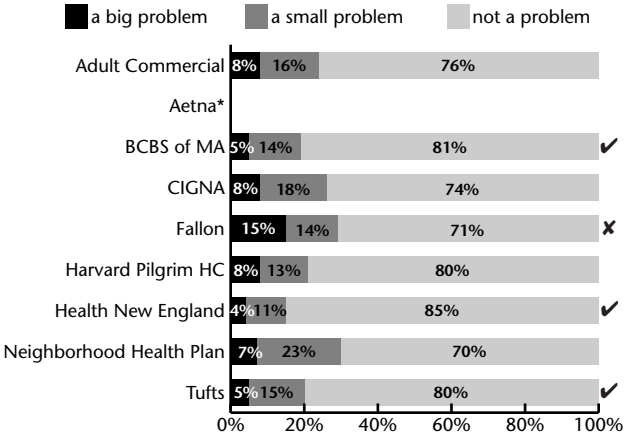
"In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?"



"In the last 12 months, not counting the times you needed health care right away, how many days did you usually have to wait before making an appointment and actually seeing a provider?"



"In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?"



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Note: some distributions may not total 100% due to rounding.

Comparing the Costs

Whether you pay directly for coverage or through payroll deduction, you should look at the costs you will have when you use the plan. Consider the following:

- If you need to see a physician on a regular basis, make sure this service is covered and learn how much each visit will cost you.

- Office visit copayments, deductibles and other out-of-pocket costs for which the consumer is responsible could outweigh any premium savings.

- Look not only at the copayment for office visits, but also at the copayments for prescriptions, especially if you, or someone in your family, must regularly take prescription medication. If you are required to use a network, consider the costs of transportation and parking, as well as the hours during which the providers are available—if you must miss work (and lose pay), that will affect your total cost too.

You may also want to consider the financial strength of the insurer. Ask who will be responsible for any unpaid claims, and to what amount if the insurer, HMO, or self-funded plan cannot pay because it is out of money.

Where to Go for Help with Claim Denials

If Your Health Plan is Self-Funded

The Employee Benefits Security Administration in the United States Department of Labor provides a web page dedicated to educating consumers on health plans. Their goal is to provide participants with information on their rights under the federal health benefits law. Under ERISA (the Employee Retirement Income Security Act) participants in self-funded health plans are entitled to specific benefits including important information about plan features and funding. The information on this page ranges from general information on the law to numerous specific issues. If you have further questions please call 866-444-3272 or visit the web site at: http://www.dol.gov/ebsa.

In addition, although it has no legal authority to enforce federal law, the ombudsman's office within the Office of Patient Protection (OPP) is authorized to assist Massachusetts residents in "ERISA Plans" who want help in understanding the claims review process they have available to them.

If Your Managed Care Plan is Fully-Insured

The OPP is part of the Massachusetts Department of Public Health. The OPP staff is available to assist you with questions and concerns regarding managed care grievances, appeals, denials of care, continuity of care, and independent external reviews.

What does OPP do to help consumers?

- investigate the situation with the health plan and often work out a satisfactory resolution;
- assist you in understanding your benefits, the health plan internal grievance process, and the external review process; and
- determine whether or not the health plan is in compliance with the managed care laws and take appropriate action where necessary to ensure compliance.

If you are a carrier, insurer, HMO or consumer and have questions, please contact the Department of Public Health OPP at 800-436-7757 or visit their web site at www.mass.gov/dph/opp

Internal Grievances

Every Massachusetts-regulated product must have a formal internal grievance process to respond to members' concerns and issues. ERISA has requirements for the plans it regulates as well. The grievance process must be provided in writing and is generally included in the summary plan description.

If you disagree with a decision made by your health insurance carrier, you may appeal to the carrier for review. For example, if your HMO refuses to pay for treatment that you believe you need, or if it notifies you that it will stop providing or paying for treatment, you can request that the decision be reviewed. Each company describes how to appeal in its certificate/booklet or summary of plan benefits. BUT do not delay. Most plans have a relatively short time (usually no more than 60 days) during which you must appeal in writing in order to preserve your appeal rights.

Where to Go for Help with Claim Denials

When you begin the process of appealing a decision, you should keep written records of everything you do and everyone with whom you speak. Under Massachusetts law, a fully insured plan must respond to your appeal in writing within 30 business days of receiving your appeal. There is also a process for expediting an appeal when the request involves an inpatient, terminally ill member, or the service is urgently needed to preserve the health of the member.

If after having gone through the plan's internal grievance process, you receive notice from your health plan that it will not change its decision, and the plan is subject to Massachusetts' law, you have the right to request an independent external review from the Department of Public Health OPP.

External Reviews for Massachusetts-Regulated Products

External review provides an independent review process for individuals covered by a Massachusetts-regulated health plan who have been denied health insurance benefits for reasons of medical necessity, provided the service is a benefit covered by your particular health plan contract.

If you have appealed your plan's decision through Internal Grievance and that decision is upheld, then you may request an external review from the Department of Public Health OPP within 45 days of receiving notice from the carrier of its final decision ("final adverse determination"). The carrier must send you a form and information on how to file an external appeal.

You may also obtain an external review form from the OPP at www.mass.gov/dph/opp or by calling 800-436-7757. Complete and submit this form to the OPP with a check for $25.00 and consent to release your medical information. If you can't afford the $25.00, you can request that the fee be waived. If you are unsure if your appeal is eligible for external review, you may contact the OPP for additional assistance.

Standard appeals must be resolved within 60 business days; expedited appeals must be decided within five business days. Remember that the decision by the external review panel is binding. Please visit the OPP web site (www.mass.gov/dph/opp) for helpful answers to frequently asked questions about the external review process.

Fully-Insured Indemnity Plans Not Subject to Managed Care Regulation

Even though indemnity plans may have certain features that are "borrowed" or similar to managed care practices, not all are subject to OPP oversight. The Massachusetts Division of Insurance Consumer Service 617-521-7777 should be contacted if you are the policyholder. If you are not and your employer or union is, you should contact them. They, as the policyholder could write to the Division of Insurance on your behalf.

Additional Resources

Medicare and Medicare-HMOs (Managed Care)

Massachusetts Executive Office of Elder Affairs
Serving the Health Insurance Needs of the
Elderly (SHINE)
800-882-2003
www.800ageinfo.com

(Most) Public Employees

Group Insurance Commission, Executive Director
P.O. Box 8747
Boston, MA 02114-8747
617-727-2310
www.state.ma.us/gic

Production Notes

Acknowledgment

We gratefully acknowledge the following organizations for their support and cooperation in allowing the Massachusetts Division of Health Care Finance and Policy to reprint information: the Massachusetts Division of Insurance, the Office of Patient Protection within the Department of Public Health, the Massachusetts Healthcare Purchaser Group, the National Committee on Quality Assurance (NCQA), and Westat (National CAHPS Benchmarking Database). The Division of Health Care Finance and Policy is solely responsible for the information contained in *Your Guide to Managed Care in Massachusetts*.

Production

This guide was researched and produced by the staff of the Division of Health Care Finance and Policy, a state agency under the Executive Office of Health and Human Services.

Consumer Guide Comments

This consumer guide has been produced to help answer your questions about managed care. The guide will be updated. Please let us know how you think the guide could be improved to be more useful to you. If there is additional information that you would like to see in the guide, please let us know by sending an email to: harry.lohr@state.ma.us or by writing to the following address: Consumer Guide, Division of Health Care Finance and Policy, Two Boylston Street, Boston, Massachusetts 02116-4704.

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116-4704

617-988-3100 (Phone)
617-727-7662 (Fax)

www.mass.gov/dhcfp